PTO/SB/22 (08-03)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Do | Docket Number (Optional) HO-P02803US0 | |
|---|---|------|----------|--|------------------|
| E 16 | In re Application of Mark Dimitrijevic | | | | |
| 111 2 2 2004 REC | Application Number F 10/629,100 | | Filed | Filed July 29, 2003 | |
| | For PREFABRICATED FOUNDATION PILE HAVING A SPIRAL RIDGE AND METHOD OF UNDERPINNING USING SAME | | | | |
| STERIT & TRAD | Art Unit | N/A | Examiner | | Not Yet Assigned |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | | | |
| x One month (37 CFR 1.17(a)(1)) | | | | \$ | 110.00 |
| Two months (37 CFR 1.17(a)(2)) | | | | \$ | · |
| Three months (37 CFR 1.17(a)(3)) | | | | \$ | |
| Four months (37 CFR 1.17(a)(4)) | | | | \$ | |
| Five months (37 CFR 1.17(a)(5)) | | | | \$ | |
| x Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is | | | | | |
| reduced by one-half, and the resulting fee is: \$ | | | | | |
| A check in the amount of the fee is enclosed. | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-2375 | | | | | |
| I have enclosed a duplicate copy of this sheet. | | | | | |
| I am the applicant/inventor. | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| attorney or agent of record. Registration Number | | | | | |
| attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) | | | | | |
| $\lambda \lambda $ | | | | | |
| | | | | | |
| (713) 651-8216 Michael S. McCoy | | | | | |
| Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more | | | | | |
| than one signature is required, see below | | | | | |
| Total of 2 | forms are submit | ted. | | | |

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